

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

SCOTT GALVIN FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)

john allred

Mailing Address 2672 NE 135 st

City

north miami

State

FL

Zip Code

33181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBLM inc

Occupation  
landscaping

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6357

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl S Bickel

Mailing Address 12045 Griffing Blvd

City

Biscayne Park

State

FL

Zip Code

33161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Auto Insurance

Occupation  
VP-Claims

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.6431

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl S Bickel

Mailing Address 12045 Griffing Blvd

City

Biscayne Park

State

FL

Zip Code

33161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Auto Insurance

Occupation  
VP-Claims

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.6471

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....